

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLISHED15 MAR 12 PM 2:37
Office Use Only
12FE4M51. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

GINGREY FOR SENATE INC

ADDRESS (number and street)
▼

PO BOX U

Check if different
than previously
reported. (ACC)

MARIETTA

GA

30060

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00370783

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

GA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the
State of

Y Y Y Y / Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the
State of

Y Y Y Y / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y
2015

through

M M / D D / Y Y Y Y
03 / 05 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y
2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore, Assistant Treasurer

Signature of Treasurer

Paul Kilgore

Date

M M / D D / Y Y Y Y
03 / 09 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

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